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Under the Paperwork Reduction Act of 1895, no persons are required to respond to a collection of information unless it desires a vaid OMB control number. **Application Number** Filing Date **POWER OF ATTORNEY** First Named Inventor Wagner, Ernst Werner and TItle Device for Preventing and **CORRESPONDENCE ADDRESS** Art Unit Extinguishing Fires INDICATION FORM Examiner Name Attorney Docket Number I hereby revoke all previous powers of attorney given in the above-identified application. I hereby appoint: 24271 Practitioners associated with the Customer Number. ____ Practitioner(s) named below: Name Registration Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith. Please recognize or change the correspondence address for the above-identified application to: \mathbf{x} The address associated with the above-mentioned Customer Number: 24271 The address associated with Customer Number: OR Firm or Individual Name Address City State Zip Country Telephone Email l<u>am</u>the: X Applicant/inventor. Assigned of record of the entire Interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/95) SIGNATURE of Applicant or Assignee of Record Signature Date 16 March 2006 Ernst Werner Wagner Name -N/A Telephone Title and Company Applicant/Inventor NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below?

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